

# Adding a Food or General Sanitation Inspection

[1] Ensure you have accessed your (a) Location correctly (see tutorial #5), and then select the type of Survey to be added (b) by clicking on the applicable link. The screen shown below will show all the existing Surveys *of that Type* at this Location. To add a new Survey click the (+) (c). NOTE: If multiple Facilities (e.g. multiple DFACs) use a survey type (e.g. Food Operations/DD 2973), all inspections *of that Type* at the Location (e.g. Installation or Base Camp) will also be shown here.

This example is for a Food Operations form (DD 2973), but the process is identical for any other General Sanitation Inspection.

[2] A Facility must be chosen to add the Survey. A step-wise approach is employed to ensure the Survey is applied to the correct Facility within a Location. Based on the Survey type selected in Step 1, only the Facilities assigned to that type will appear.

**Create Food Operation Inspection Survey Task - Step 1 of 3 - Food Facility Search**

Select search criteria to find a Food Facility within this program office.

**Search**

Facility Name:

Location:

☐ Include Sublocations

Food Facility Type:

Facility Start Date Between:  (yyyy/mm/dd) and

Facility Stop Date Between:  (yyyy/mm/dd) and

☐ Include Archived Records

- Step 1: Search for the Facility  
- A name may or may not be needed. NOTE: The Facility search is pre-filtered by Type and Location.  
- Searching with no criteria is sometimes the quickest method

[3] The Facilities meeting the filtering criteria are shown. Select and continue.

**Create Food Operation Inspection Survey Task - Step 2 of 3 - Select Food Facility**

Select Food Facility to create a new master schedule task. Other Actions: -Master Schedule-

Select	Facility Name ▲	Food Facility Type	Location	Start Date	Stop Date
<input checked="" type="radio"/>	Bldg 2400, DFAC	Food Service	Installation US, MD, Aberdeen Proving Ground, 24004	2014/06/20	

Page: 1 (Displaying results 1 - 1 of 1) « Previous | Next »

[4] If the Facility needed is not shown in this list, it must be created by going to the Facility page.

**Facilities**

To view Facility details, click the Facility Name link. Other Actions: -Facility-

Location Name: Base Camp LION

Facility Name ▲	Facility Type	Parent Location	Start Date	Stop Date
Bldg 150, Main Gym	Gym/Fitness Center	Base Camp LION	2013/05/09	
Bldg 25, Main DFAC	Food Facility	Base Camp LION	2013/05/09	
Bldg 75, Zone 1 Green Beans	Food Facility	Base Camp LION	2013/05/09	

Page: 1 (Displaying results 1 - 3 of 3) « Previous | Next »

Reference Tutorial #15 for how to do this correctly. A user must have the Facility Role to add or edit Facilities.

[5] All Surveys in DOEHRs have a scheduling page. This should be *by-passed* by clicking "Save and Begin Survey". There is no need to adjust the Task Frequency. Note: The Facility has been applied to this page as well. This is technically **Step 3 of 3**.

**Master Schedule - Detail - Food Sanitation - Food Operation Inspection (EH/FP)**

\* Indicates Required Field Other Actions: -Master Schedule-

☒ Save and Begin Survey

Schedule Information	
Location*	Installation US, MD, Aberdeen Proving Ground, 24004
Task Frequency*	One Time
Facility*	Bldg 2400, DFAC
Skill Level	
Actual Start Date	(yyyy/mm/dd)
Close Date	
External Due Date	(yyyy/mm/dd)
Reason Task not Completed	
Required by Federal Standard	<input type="checkbox"/>
Comments	
Status	

Do not click Save on this page. This will take a user to different page, not the DD2793.

[6] **FIRST**, Once the survey is opened, complete the circled fields below and click 'Save and Continue Working' to **obtain a DOEHRs ID**. The Status begins as 'In Progress' but **MUST** be toggled to 'Completed' once ALL questions have been addressed. Non-compliant ("N/C") and "No" responses will require comments be added to mark a Survey Completed.

**Food Operation Inspection Survey**

This survey is equivalent to DD FORM 2973, November 2013.  
\* Indicates Required Field

Other Actions: -Food Operation Inspection Survey-

Location: Installation US, MD, Aberdeen Proving Ground, 24004  
Survey ID: 99830

Save Save And Continue Working Cancel

**General Survey Information**

Survey Start Date/Time*	2014/12/15 (yyyy/mm/dd) 1500 (1500)	Status	In Progress
Survey Completion Date/Time	2014/12/15 (yyyy/mm/dd) 1600 (1500)	Various Timeframes	In Progress
Surveyor Selection	Last, First; first.last@mail.mil		Completed
Surveyor's Name	Last, First	Surveyor's Email	first.last@mail.mil
Surveyor's Phone Number	555-5555	Surveyor's Unit	PHCR-North

**Food Facility Information**

Facility Name	Bldg 2400, DFAC
Food Facility Type	Food Service
Operator Type	DFAC
Address	
City	
Country	United States (NATO member)
Coordinates Lat/Long (Decimal Degrees)	

**Inspection Information**

Person in Charge Name\* Test

Person in Charge Phone Number

Person in Charge Email Address

Type of Inspection\*

- ☒ Routine
- ☐ Follow-up
- ☐ Complaint
- ☐ Pre-Opening
- ☐ Other(Specify)

Complete these step FIRST before adding inspecting details!

[7a – Food Only] Expand the tiles individually or all at once, then target the "N/C" items first.

7 Personal cleanliness: clothing; hair restraint; jewelry

8 Eating, drinking, tobacco use in food prep & service

**Food Source, Identification, Condition**

Item Num.	Item	C	NC	N/I	N/A	N/O	COS	R	Comments
[9]	Food & water from approved sources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Food in good condition, safe, & unadulterated; received from approved sources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-101.11] Safe, unadulterated and honest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-202.11(A), (B), (C), (D), or (F)] Temperature - frozen foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-202.11(E)] Temperature - frozen foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-202.15] Package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Required records available: shellstock tags; parasite destruction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-202.18] Shellstock received with identification tags	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-203.12] Shellstock - maintaining identification	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	[3-402.11] Parasite destruction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C = Compliant  
N/C = Non-Compliant  
N/I = Not Inspected  
N/A = Not Applicable  
N/O = Not Observed  
COS = Corrected on Site  
R = Repeat  
Comments = space for provision number and recommendations (4000 character limit)

Only the violation number is needed, followed by the Observations and Recommendations.

For Item Numbers that contain either all Critical (Item 9) or all Non-Critical provisions (item 7), COS is marked for the item number when all of the violations marked within the item number have been corrected. For Item Numbers that contain a mix of Critical and Non-Critical provisions (Item 10), select COS only if ALL Critical deficiencies were COS, even if the Non-Critical deficiencies were not COS. This is an *administrative modification* only when marking the inspection report in DOEHRs.

[7b – Food Only] Appendix E of the TSFC is available at the bottom of the form to reference provision #'s in the comments fields. Tip: Use a “ctrl +f” in Appendix E to search within it.

Hot/Cold Equipment Temperatures

Food Temperatures

Provisions Quick Reference Guide

[Appendix E TSFC \(Oct 2013\) - Food Operation Inspection Report Form](#)

Overall Inspection Results

---

**Appendix E - TB MED 530/NAVMED P-5010-1/AFMAN 48-147\_IP**  
*Food Operation Inspection Report*

**INSTRUCTIONS FOR MARKING THE FORM**

**Section II. FOOD OPERATION INSPECTION REPORT**

**Guidance for debiting specific item numbers on the form**

*a. Supervision and training.*

**Item 1\***. *Person in charge (PIC) is present; demonstrates knowledge.* A CRITICAL violation occurs when a qualified PIC is not on premises when the inspection begins or the PIC does not have proof of a valid (and unexpired) food safety certification on file. Do not mark this item “N/A” or “N/O.” Mark this item “non-compliant” if any one of the following items is found:

A. A designated PIC is not present as required in 2-101.11(A) and (B).

B. The designated PIC does not have a food safety certificate from an ACCREDITED PROGRAM as specified in 2-102.20 or the certificate has expired. Expiration dates vary

[7c – Food Only] DOEHRs will auto-score the form based on the counts of N/C and COS checks per Item. Additionally, food and equipment temperatures can be added using the (+) sign.

Hot/Cold Equipment Temperature

Survey ID: 39538

Save Save And Add Another Cancel

Hot/Cold Equipment Temperature

Unit\* Freezer

Location/Identifier\* Back Room

Temperature\* 32 deg C deg F

Save Save And Add Another Cancel

Hot/Cold Equipment Temperatures

Delete

Select	Unit	Location	Temperature
<input type="checkbox"/>	Freezer	Back Room	

Delete

Food Temperatures

Delete

Select	Food Item	Location	Temperature
<input type="checkbox"/>	Chicken	Main line	165.0 deg F

Delete

Provisions Quick Reference Guide

[Appendix E TSFC \(Oct 2013\) - Food Operation Inspection Report Form](#)

Overall Inspection Results

Final Inspection Rating ?	Substantially Compliant	Number of Violations	IHH	No
			Critical	Total 1
				COS 1
			Non-Critical	Total 0
				COS 0

Overall Remarks

Follow-Up Required ☐ Yes ☒ No Follow-Up Date (yyyy/mm/dd)

[8 – Gen San Only] General Sanitation forms have no auto-scoring and rely on professional judgment for an Overall Rating. Any “No” responses will still require comments.

Restroom/Bath-House Facilities				
Question	Answer			Comments
	Yes	No	N/A	
Are the walls, ceilings and floors clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Are the toilets, urinals, showers and hand basins clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is there adequate ventilation and lighting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Are clothing, swimsuits and towels properly handled?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is the baby changing station clean?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Are soap, toilet paper, paper towels, and trash receptacles available?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	No's need comments

  

Overall Inspection Results			
Overall Inspection Rating	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory		
Follow-Up Required	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Follow Up Date NLT	<input type="text"/> (yyyy/mm/dd)		
Overall Remarks	<input type="text"/>		

[9] A “Completed” report requires documentation of both the inspector's and the person in charge's (PIC) signature. Until DOEHRs is able to capture all signatures digitally, the inspector must provide an electronic copy of the completed PDF fillable survey form or a hard copy of the form (both found on DOEHRs Resource Page → “Survey Forms”) to the PIC to obtain a digital or manual signature. Scan the signed hard copy form and upload it as an attachment to the DOEHRs survey report before marking the Survey “Completed”.

Associated Samples		
Attachments (1)		
<input type="button" value="Delete"/>		
Select	Associated Attachment File	Description
<input type="checkbox"/>	<a href="#">DFAC 2400_Dec14_SP.docx</a>	DFAC 2400_Dec14_SP
		Upload Date
		2014/12/15
<input type="button" value="Delete"/>		

  

Program Office Information	
Save	Save And Continue Working
<input type="button" value="Cancel"/>	

[10] Mark the Survey Completed at the top of the form (then click Save and Continue Working), and it will become read-only. Note: the Survey can be exported as a .rtf or .pdf file based on a data added to it at any time. Use Cancel to Exit.

Food Operation Inspection Survey			
This survey is equivalent to DD FORM 2973, November 2013. * Indicates Required Field			
Location: Installation US, MD, Aberdeen Proving Ground, 24004 Survey ID: 39838			
<input type="button" value="Cancel"/>			
General Survey Information		Other Actions <ul style="list-style-type: none"> <li>Food Operation Inspection Survey</li> <li>Food Operation Inspection Survey</li> <li>Export Survey Report as .pdf</li> <li>Export Survey Report as .rtf</li> <li>Display Survey PDF Template</li> </ul>	
Survey Start Date/Time*	2014/12/15 1500	Status	Completed
Survey Completion Date/Time	2014/12/15 1600	Various Timeframes	<input type="checkbox"/>
Surveyor's Name	Last, First	Surveyor's Email	first.last@mail.mil
Surveyor's Phone Number	555-5555	Surveyor's Unit	PHCR-North
Food Facility Information			
Facility Name	Bldg 2400, DFAC		
Food Facility Type	Food Service	Food Service Type	Fixed
Operator Type	DFAC		
Address			
City		State	

[11] The Completed Survey will appear on the screen shown in Step 1.

**Food Operation Inspection Surveys**

To view Food Operation Inspection Survey details, click the Survey ID link.

Other Actions: [-Surveys-]

Location Name: Installation US, MD, Aberdeen Proving Ground, 24004

[Completed](#) [Export to PDF](#)

Select	Survey ID	Location	Food Facility Name	Food Facility Type(s)	Survey Type	Start Date	Close Date	Responsible PO Person	Inspection Rating	Survey Report	Status
<input type="checkbox"/>	<a href="#">39838</a>	Installation US, MD, Aberdeen Proving Ground, 24004	Bldg 2400, DFAC	Food Service	Food Sanitation - Food Operation Inspection (EH/FP)	2014/12/15	2014/12/15	Nicodemus, Matthew Adam	Substantially Compliant	<a href="#">Import</a>	Completed

[Completed](#) [Export to PDF](#)

Page: 1 (Displaying results 1 - 1 of 1)

« Previous | Next »

Note: The Survey Start Date is the day populated in Step 6. The Close Date is the day the Survey was marked Completed in DOEHS (Step 10).